

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Luis Spencer, Superint.  
MCI Norfolk  
2 Clark St  
PO Box 43  
Norfolk, MA 02056

## COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *C. Swanson* B. Date of Delivery *4/21/05*
- C. Signature *C. Swanson* ☐ Agent  
☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number (Copy from service label)

7004 1160 0005 9812 1852

First Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

SCREENED  
USMS

United States Courthouse  
1 Courthouse Way, Suite 2500  
Boston, MA 02210

79

05/04/2005 11:00 AM - 05/04/2005 11:00 AM